

# **SUPPORTED RESIDENTIAL SERVICES**

## **SELF ASSESSMENT TOOL**

*VERSION 1.5*  
(Current at January 2010)

SRS NAME	
SITE ADDRESS	
AUTHORISED OFFICER	
COMPLETION DATE	

# Introduction

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***This document should be completed by the SRS proprietor, or by a person authorised to act on behalf of the proprietor.***

All Supported Residential Services (SRS) are periodically required to complete a self assessment. This Self Assessment Tool, is designed to provide baseline information to the Department of Human Services regarding the proprietor's compliance with their responsibilities under the *Health Services Act 1988* (the Act) and the Health Service (Supported Residential Services) Regulations 2001 (the Regulations).

This document has three sections, which the proprietor or their authorised representative should complete, as follows:

## **1. Declaration**

The declaration should be signed and dated by the Proprietor. If the Self Assessment is to be returned via email, the declaration is to be returned via mail.

## **2. Background Information**

This section requests background information regarding your facility, including resident and staff profiles. You are also asked to provide copies of certain documents.

## **3. Self Assessment**

This section asks questions about the processes and systems which you have in place to meet the Act and Regulations. Each question relates to specific SRS regulatory requirements, and is referenced to the relevant section of the Act or Regulations. Please note that not all regulatory requirements are covered in this Self Assessment. Only items which are able to be assessed at desk top are included. In answering each question within this section, you have the option of providing:

- a full and detailed description, **or**
- a brief response **and** attaching relevant supporting documents, such as policies, procedures, protocols or guidelines.

Please provide a response to all questions. If you have any questions regarding the completion of this Self Assessment Tool, please contact your Authorised Officer.

When completed, please post or email the self assessment and attachments to:

Authorised Officer \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

It is estimated that it will normally take an SRS approximately 120 minutes to complete this self assessment. By accurately and fully completing the document, you will reduce the likelihood of the need for further follow up contact by an Authorised Officer.

Thank you for your assistance and cooperation.

# 1. Declaration

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## DECLARATION

This declaration should be signed and dated by the Proprietor. The Proprietor has the responsibility to ensure the accuracy of the information provided. In completing this declaration it should be recognised that all information supplied may be verified as true and correct by an Authorised Officer.

I acknowledge that this declaration is true and correct and to the best of my knowledge, the information provided and completed with this Self Assessment is correct. I make this declaration in the belief that a person making a false declaration is liable to the penalties of perjury. I further authorise the Secretary of the Victorian Department of Human Services to undertake any search required for the verification of the answers and information hereby provided.

Note: Section 151(1) of the *Health Services Act 1988* provides that a person must not give information or make a statement that is false or misleading. Failure to comply is an offence against the Act and subject to a maximum penalty of over \$12,000.

Declared at ....., in the

State of Victoria this ..... day of .....200....

.....  
Signature

.....  
Name of signatory in **BLOCK LETTERS**

.....  
Position

## 2. Background Information

Please provide the following background information regarding your service.

### 1. SRS Contact

SRS Name	
SRS Certificate Number	
Address	
Telephone Number	
Facsimile Number	
Email	
Contact Person	
Contact Person's Position	

### 2. Proprietor

Proprietor Name	
Address	
Telephone Number	

*Please amend the above details as appropriate.*

Please provide details of any other SRS, or aged care facilities, owned or managed by the proprietor.  
(If space insufficient, please attach an additional page).

1.	
2.	
3.	

### 3. Resident Profile - Current

<b>Number of beds:</b>	<b>Number of residents:</b>	<b>Number of residents:</b>
Respite	Male	Pension level
General	Female	Above pension level
<b>Total beds</b>	<b>Total residents</b>	<b>Total residents</b>
	From a culturally and linguistically diverse background	
	From an Aboriginal / Torres Strait Islander background	

**Number of residents having had an ACAS assessment in last 12 months indicating:**

Low care required	
High care required	

**Number of residents subject to:**

Administrator	
Community Treatment Orders	
Guardianship	

**Number of residents with the following primary disability:**

Frailty	
Psychiatric	
Dementia	
Intellectual	
Acquired brain injury	
Physical	
Sensory	
Serious medical	
Other disability	
No disability	

**Number of residents accessing the following services:**

Social activities, eg Planned Activity Groups	
Allied Health Services, eg podiatry, physio	
Nursing	
Diabetic management	
Contenance management	
Wound management/stomal therapy	
Psychiatric	
Disability Services	
Community Aged Care Packages	
Other	



## 2. Background Information

### 5. Documents

Please provide and attach copies of the documents listed below. Please tick the appropriate column (yes/no) to indicate whether the requested document has been provided. Where a document has not been provided please explain in the 'comments' column provided. Note that items 4 to 11 only require a blank copy of the relevant forms. Please provide an electronic version if available, or otherwise in hard copy.

Document Required	Attached		Comments
	Yes	No	
1. Staff roster for a recent 7 day period across 24 hours, which includes staff designation (Act 109(3))	<input type="checkbox"/>	<input type="checkbox"/>	
2. Information supplied to prospective residents	<input type="checkbox"/>	<input type="checkbox"/>	
3. Most recent food safety program (external) audit report	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Blank (pro-forma) copy of form(s) relating to:</b>			
4. Information and referral tool, or equivalent admission form	<input type="checkbox"/>	<input type="checkbox"/>	
5. Interim care plan	<input type="checkbox"/>	<input type="checkbox"/>	
6. Care plan	<input type="checkbox"/>	<input type="checkbox"/>	
7. Resident medication	<input type="checkbox"/>	<input type="checkbox"/>	
8. Management of residents' finances	<input type="checkbox"/>	<input type="checkbox"/>	
9. Residential statement	<input type="checkbox"/>	<input type="checkbox"/>	
10. Resident transfer	<input type="checkbox"/>	<input type="checkbox"/>	
11. Resident record	<input type="checkbox"/>	<input type="checkbox"/>	

Please indicate if you have available for inspection, the following certificates:

Document	Available		Comments
	Yes	No	
1. Public liability insurance* (not mandatory)	<input type="checkbox"/>	<input type="checkbox"/>	
2. Professional indemnity insurance* (not mandatory)	<input type="checkbox"/>	<input type="checkbox"/>	
3. Workcover insurance	<input type="checkbox"/>	<input type="checkbox"/>	
4. Volunteer insurance (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	
5. Registration of food premises	<input type="checkbox"/>	<input type="checkbox"/>	

\* Whilst not mandated, it is strongly recommended that consideration be given to exploring these insurance options as part of good business practice.

# 3. Self Assessment

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## Guidelines for completion of the self-assessment

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This section asks questions regarding the processes and systems that your SRS has in place. Each question relates to specific SRS regulatory requirements, and is referenced to the relevant section of the Act or Regulations. The questions are grouped under the eight principles set out in Section 10 of the Act. Please provide a response to all questions.

In answering each question within this section, you have the option of providing:

- a full and detailed description, **or**
- a brief response **and** attaching relevant supporting documents, such as policies, procedures, protocols or guidelines.

You may attach any written evidence, which supports that you have a documented process or system to guide staff practice. In the absence of a formal policy and procedure manual, this may be worksheets, memos, newsletters or any documents which reflect how staff manage work routines.

Please ensure all documents attached are referenced to the relevant question(s). Please indicate that a document has been supplied by ticking the *Attached* box under the *Documents* column. If a document has been previously supplied to the Authorised Officer and has not changed, please tick the *Available* box under the *Documents* column.

Please note that multiple copies of the same documents are not required. Where the same document relates to more than one question or is already provided in response to Section 2 (Background Information), only one copy should be attached.

<b>Principle 1 - Healthcare</b>	Residents are entitled to high quality health care and personal care, to their choice of registered medical practitioner or other provider of health services and to an informed choice of appropriate treatment.
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Act/ Reg	Question		Response <ul style="list-style-type: none"> <li>- Please either provide a full description below, or provide a brief statement and attach further relevant documents, such as policies, procedures, protocols or guidelines.</li> <li>- If documents are attached, please indicate this by ticking the first box on the right.</li> <li>- If documents are available but not attached, please indicate this by ticking the 2nd box.</li> </ul>	Documents	
				Attac hed	Availa ble
Reg: 14	1.0	How do you ensure that each resident has access to his or her choice of health service provider, eg. doctor, podiatrist?  <i>Identify where this is documented.</i>		<input type="checkbox"/>	<input type="checkbox"/>
Act: 106A Reg: 15	2.0	How long after a resident is admitted are interim care plans developed?  What must be recorded in an interim care plan?		<input type="checkbox"/>	<input type="checkbox"/>
	2.1	How long after a resident is admitted are ongoing care plans developed?  What must be recorded in an ongoing care plan?		<input type="checkbox"/>	<input type="checkbox"/>
	2.2	Who is involved in the development of resident care plans?  <i>Interim and ongoing.</i>		<input type="checkbox"/>	<input type="checkbox"/>
	2.3	How often are care plans reviewed?		<input type="checkbox"/>	<input type="checkbox"/>
	2.4	Who has access to resident care plans?		<input type="checkbox"/>	<input type="checkbox"/>
Act 108C Reg 19 & 20	3.0	What records do you keep of the administration of prescribed and non-prescribed medication?  How do you ensure medication is correctly administered?  <i>Include what information you record.</i>		<input type="checkbox"/>	<input type="checkbox"/>

<b>Principle 1 - Healthcare</b>	Residents are entitled to high quality health care and personal care, to their choice of registered medical practitioner or other provider of health services and to an informed choice of appropriate treatment.
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Act/ Reg	Question	Response <ul style="list-style-type: none"> <li>- Please either provide a full description below, or provide a brief statement and attach further relevant documents, such as policies, procedures, protocols or guidelines.</li> <li>- If documents are attached, please indicate this by ticking the first box on the right.</li> <li>- If documents are available but not attached, please indicate this by ticking the 2nd box.</li> </ul>	Documents	
			Attac hed	Availa ble
Act 108C Reg: 19 & 20	3.1 Where are: <ul style="list-style-type: none"> <li>- medications stored for residents who self-medicate</li> <li>- all other medications stored?</li> </ul>		<input type="checkbox"/>	<input type="checkbox"/>
	3.2 Who do you consult, when maladministration or failure to administer medication occurs?		<input type="checkbox"/>	<input type="checkbox"/>
	3.3 Do you: <ul style="list-style-type: none"> <li>- maintain a written record of the maladministration or failure to administer medication</li> <li>- what does the record contain?</li> </ul>		<input type="checkbox"/>	<input type="checkbox"/>
	3.4 How is prescribed medication, no longer required by a resident, safely disposed of?		<input type="checkbox"/>	<input type="checkbox"/>
	3.5 What do you do prior to administering a non-prescribed medication?		<input type="checkbox"/>	<input type="checkbox"/>

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Act/ Reg	Question	Response <ul style="list-style-type: none"> <li>- Please either provide a full description below, or provide a brief statement and attach further relevant documents, such as policies, procedures, protocols or guidelines.</li> <li>- If documents are attached, please indicate this by ticking the first box on the right.</li> <li>- If documents are available but not attached, please indicate this by ticking the 2nd box.</li> </ul>	Documents	
			Attac hed	Availa ble
Act: 108F	4.0 Who do you notify in the event of: <ul style="list-style-type: none"> <li>- death of a resident</li> <li>- significant deterioration of health status of resident</li> <li>- injury to the resident</li> <li>- incident involving the resident</li> <li>- intention to discharge the resident or terminate their residency</li> <li>- intention to relocate the resident to another bedroom within the service</li> </ul> <i>Include reference to timeframes.</i>		<input type="checkbox"/>	<input type="checkbox"/>
Reg: 43	5.0 What do you do when a resident requires transfer?  <i>Include details of the information that is documented.</i>		<input type="checkbox"/>	<input type="checkbox"/>
Act: 107	6.0 What would you do when a resident's care needs exceed those that you are able to provide?  <i>Include your reporting responsibilities.</i>		<input type="checkbox"/>	<input type="checkbox"/>
Act: 108L Reg: 33-35 and 41	7.0 Staff Roster: <ul style="list-style-type: none"> <li>- how far in advance is the roster developed?</li> <li>- how is the roster made available to staff?</li> </ul> <i>Include a staff roster covering a minimum of a one month period.</i>		<input type="checkbox"/>	<input type="checkbox"/>

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Act/ Reg	Question		Response <ul style="list-style-type: none"> <li>- Please either provide a full description below, or provide a brief statement and attach further relevant documents, such as policies, procedures, protocols or guidelines.</li> <li>- If documents are attached, please indicate this by ticking the first box on the right.</li> <li>- If documents are available but not attached, please indicate this by ticking the 2nd box.</li> </ul>	Documents	
				Attac hed	Availa ble
	7.1	What specific requirements relate to the personal care coordinator's employment?		<input type="checkbox"/>	<input type="checkbox"/>
	7.2	What is the minimum age requirement, when employing a staff member engaged in the special or personal care needs of residents?		<input type="checkbox"/>	<input type="checkbox"/>
	7.3	What is the personal care staff to resident ratio: - during the day - at night?		<input type="checkbox"/>	<input type="checkbox"/>
	7.4	How do you ensure that staffing levels meet residents' needs both during the day and at night?  <i>Include what would prompt you to review staffing levels.</i>		<input type="checkbox"/>	<input type="checkbox"/>
Act: 108L Reg: 33-35 & 41	7.5	What things, including staff attributes, do you consider when recruiting and selecting staff?		<input type="checkbox"/>	<input type="checkbox"/>
Act: 109 Reg: 41	8.0	What records or particulars are kept in respect of each staff member, and how are these maintained?		<input type="checkbox"/>	<input type="checkbox"/>
	8.1	How long are staff records retained?		<input type="checkbox"/>	<input type="checkbox"/>

Principle 1 - Healthcare		Residents are entitled to high quality health care and personal care, to their choice of registered medical practitioner or other provider of health services and to an informed choice of appropriate treatment.		
Act/ Reg	Question	Response	Documents	
			Attac hed	Availa ble
Reg: 40	9.0	What language are resident records written in?	<input type="checkbox"/>	<input type="checkbox"/>
	9.1	What prescribed particulars are kept in respect of each resident?	<input type="checkbox"/>	<input type="checkbox"/>
	9.2	How long are residents' records retained?	<input type="checkbox"/>	<input type="checkbox"/>

Principle 2 - Nutrition and Environment		Residents should be provided with a sufficient level of nutrition, warmth, clothing and shelter in a home-like environment.		
Act/ Reg	Question	Response	Documents	
			Attac hed	Availa ble
Act: 108D Reg: 21	10.0 How do you ensure: <ul style="list-style-type: none"> <li>- residents' nutritional requirements are met</li> <li>- residents' choices in relation to food and beverage are considered in menu planning</li> <li>- meals are adequate in quantity and taste</li> <li>- meals are provided at appropriate intervals allowing adequate time for and between meals?</li> </ul>		<input type="checkbox"/>	<input type="checkbox"/>
	10.1 Who do you consult with in relation to menu planning?		<input type="checkbox"/>	<input type="checkbox"/>
Reg: 22	11.0 Do you think you've taken reasonable steps to provide a home-like environment? Please explain why.  <i>You may wish to support your response with photographs.</i>		<input type="checkbox"/>	<input type="checkbox"/>
Reg: 23	12.0 How is temperature maintained at the SRS to ensure reasonable comfort for residents?  How do you assess what 'reasonable comfort' is for residents?		<input type="checkbox"/>	<input type="checkbox"/>

<b>Principle 3 - Safety</b>	Services should be provided in a safe environment and the residents' right to choose to participate in activities involving a degree of risk should be recognised.
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Act/Reg	Question		Response	Documents	
				Attached	Available
Reg: 25	13.0	Where is the first aid kit located, and what process is in place to ensure that it is maintained?  (Including removal of expired items)		<input type="checkbox"/>	<input type="checkbox"/>
Reg: 29	14.0	What information is provided on the sketch plan of the facility, and what would prompt a change to the information on the sketch plan?		<input type="checkbox"/>	<input type="checkbox"/>
Act: 10(c), 108I, 108L(1) Reg: 30	15.0	What steps do you take to ensure that the facility is fire safe?  (Including evacuation procedures and training of staff and residents)		<input type="checkbox"/>	<input type="checkbox"/>
	15.1	How do you ensure that the premises, facilities, fittings and equipment are:  - in a proper state of repair  - in good working order  - in a clean and sanitary condition?		<input type="checkbox"/>	<input type="checkbox"/>
	15.2	How are chemical and cleaning agents stored?		<input type="checkbox"/>	<input type="checkbox"/>

<b>Principle 3 - Safety</b>	Services should be provided in a safe environment and the residents' right to choose to participate in activities involving a degree of risk should be recognised.
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Act/Reg	Question	Response - Please either provide a full description below, or provide a brief statement and attach further relevant documents, such as policies, procedures, protocols or guidelines. - If documents are attached, please indicate this by ticking the first box on the right. - If documents are available but not attached, please indicate this by ticking the 2nd box.	Documents	
			Attached	Available
	15.3 How do you ensure the facility is free of:  - flies, lice and other vermin  - accumulation of material which may be offensive  - accumulation of material which may be injurious to health  - accumulation of material which may facilitate the outbreak of a fire?		<input type="checkbox"/>	<input type="checkbox"/>
Act 10(c), 108I Reg: 30	15.4 How do you keep bedding and linen clean and in good repair?		<input type="checkbox"/>	<input type="checkbox"/>
	15.5 How often do you remove liquid waste and refuse from all rooms?		<input type="checkbox"/>	<input type="checkbox"/>
	15.6 When do you clean containers used for solid or liquid waste or refuse?		<input type="checkbox"/>	<input type="checkbox"/>
	15.7 How do you ensure the maintenance and cleanliness of your SRS?  <i>Please attach cleaning and maintenance schedules.</i>		<input type="checkbox"/>	<input type="checkbox"/>
Act: 108J Reg: 31	16.0 What electronic communication system is in place to assist residents and staff to summons assistance, and where are the access points located?		<input type="checkbox"/>	<input type="checkbox"/>

<b>Principle 3 - Safety</b>	Services should be provided in a safe environment and the residents' right to choose to participate in activities involving a degree of risk should be recognised.
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Act/R eg	Question		Response <ul style="list-style-type: none"> <li>- Please either provide a full description below, or provide a brief statement and attach further relevant documents, such as policies, procedures, protocols or guidelines.</li> <li>- If documents are attached, please indicate this by ticking the first box on the right.</li> <li>- If documents are available but not attached, please indicate this by ticking the 2nd box.</li> </ul>	Documents	
				Attach ed	Availa ble
	16.1	What back-up communication system is in place in case of failure or shut down of the communication system, and how soon after a failure or shutdown does it commence operation?		<input type="checkbox"/>	<input type="checkbox"/>
Act: 108K Reg: 32	17.0	How do you control the temperature of hot water to baths and showers?		<input type="checkbox"/>	<input type="checkbox"/>
Act: 108K Reg: 32	17.1	Is hot and cold water supplied to all showers, baths and hand basins used by residents?  Please identify any outlets used by resident which do not have a supply of hot and cold water.		<input type="checkbox"/>	<input type="checkbox"/>
Act: 108F(1A)	18.0	How do you record any injury or incident occurring to a resident?		<input type="checkbox"/>	<input type="checkbox"/>

<p><b>Principle 4 - Dignity, Respect &amp; Privacy</b></p> <p><b>Principle 5 - Activities</b></p> <p><b>Principle 6 - Social Independence</b></p>	<p>Residents should be treated with dignity, respect and are entitled to privacy</p> <p>Residents should be provided with and be encouraged to participate in activities appropriate to their interests and needs and to physical and social rehabilitation.</p> <p>Residents are entitled to social independence including the right to choose and pursue friendships and relationships with members of either sex, to practice religion and cultural customs and to exercise rights as citizens.</p>
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Act/ Reg	Question	Response <ul style="list-style-type: none"> <li>- Please either provide a full description below, or provide a brief statement and attach further relevant documents, such as policies, procedures, protocols or guidelines.</li> <li>- If documents are attached, please indicate this by ticking the first box on the right.</li> <li>- If documents are available but not attached, please indicate this by ticking the 2nd box.</li> </ul>	Documents	
			Attach ed	Availa ble
Act: 108A Reg: 17	19.0 How do you ensure that the privacy, dignity and security of residents, is maintained, especially when undertaking personal activities, including bathing, toileting and dressing?		<input type="checkbox"/>	<input type="checkbox"/>
	19.1 How do you manage residents clothing, in particular: <ul style="list-style-type: none"> <li>- identify residents' clothing</li> <li>- ensure that residents wear the clothing of their choice</li> <li>- ensure that residents' clothing is clean?</li> </ul>		<input type="checkbox"/>	<input type="checkbox"/>
	19.2 How do you ensure that residents have access to a telephone, including: <ul style="list-style-type: none"> <li>- ability to use the telephone in private</li> <li>- ability to use a telephone for incoming calls when received at the service</li> <li>- ability to use a telephone for making outgoing calls at any reasonable time requested by the resident</li> <li>- disabled access?</li> </ul>		<input type="checkbox"/>	<input type="checkbox"/>
	19.3 What do you do to ensure confidentiality of residents' information?		<input type="checkbox"/>	<input type="checkbox"/>

<p><b>Principle 4 - Dignity, Respect &amp; Privacy</b></p> <p><b>Principle 5 - Activities</b></p> <p><b>Principle 6 - Social Independence</b></p>	<p>Residents should be treated with dignity, respect and are entitled to privacy</p> <p>Residents should be provided with and be encouraged to participate in activities appropriate to their interests and needs and to physical and social rehabilitation.</p> <p>Residents are entitled to social independence including the right to choose and pursue friendships and relationships with members of either sex, to practice religion and cultural customs and to exercise rights as citizens.</p>
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Act/ Reg	Question		Response	Documents	
				Attach ed	Availa ble
Act: 108A Reg: 17	19.4	How do you ensure residents are not subjected to unusual routines, particularly with respect to: <ul style="list-style-type: none"> <li>- bed times</li> <li>- timing of meals</li> <li>- bathing</li> <li>- dressing?</li> </ul>		<input type="checkbox"/>	<input type="checkbox"/>
	19.5	How do you ensure that residents are not subjected to physical or verbal abuse?		<input type="checkbox"/>	<input type="checkbox"/>
	19.6	What do you do to ensure that the private property of residents is not taken, borrowed or given to another person without the permission of the resident or his or her guardian?		<input type="checkbox"/>	<input type="checkbox"/>
Reg: 16	20.0	What activities do you provide or arrange, to meet the needs of the residents and to maintain their quality of life?  <i>Include information regarding the personnel and/or facilities used to conduct or arrange activities.</i>		<input type="checkbox"/>	<input type="checkbox"/>
Act: 108B Reg 38	21.0	What information is supplied to prospective residents?		<input type="checkbox"/>	<input type="checkbox"/>

<p><b>Principle 4 - Dignity, Respect &amp; Privacy</b></p> <p><b>Principle 5 - Activities</b></p> <p><b>Principle 6 - Social Independence</b></p>	<p>Residents should be treated with dignity, respect and are entitled to privacy</p> <p>Residents should be provided with and be encouraged to participate in activities appropriate to their interests and needs and to physical and social rehabilitation.</p> <p>Residents are entitled to social independence including the right to choose and pursue friendships and relationships with members of either sex, to practice religion and cultural customs and to exercise rights as citizens.</p>
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Act/ Reg	Question		Response	Documents	
				Attach ed	Availa ble
Act: 106 Reg: 39	22.0	Who is included in the development of a residential statement?		<input type="checkbox"/>	<input type="checkbox"/>
	22.1	What information is included in the residential statement?		<input type="checkbox"/>	<input type="checkbox"/>
	22.2	Regarding residential statements: <ul style="list-style-type: none"> <li>- when (how long) is it provided after the resident is admitted</li> <li>- to whom is it provided</li> <li>- whose signatures are required?</li> </ul>		<input type="checkbox"/>	<input type="checkbox"/>

Principle 7 – Residents’ Finances		Residents are entitled to the right to manage their own finances wherever possible.		
Act/ Reg	Question	Response – Please either provide a full description below, or provide a brief statement and attach further relevant documents, such as policies, procedures, protocols or guidelines. – If documents are attached, please indicate this by ticking the first box on the right. – If documents are available but not attached, please indicate this by ticking the 2nd box.	Documents	
			Attach ed	Availa ble
Act: 108HA Reg: 39A	23.0 What do you do to manage resident finances, in regard to:  - gaining consent (who and how)  - what information is included in the records maintained  - providing statements to residents regarding their money managed  - Ensuring that the statutory limit is not exceeded?		<input type="checkbox"/>	<input type="checkbox"/>
	23.1 Who:  - has access to the residents’ financial records  - is authorised to give access to residents’ financial records?		<input type="checkbox"/>	<input type="checkbox"/>
	23.2 How do you provide information to residents about expenses and fees charged?		<input type="checkbox"/>	<input type="checkbox"/>
	23.3 Do employees or “close associates” of the proprietor play any role in relation to resident’s money? If yes, describe that role.		<input type="checkbox"/>	<input type="checkbox"/>
	23.4 What information have you distributed about money management and to whom has it been given?		<input type="checkbox"/>	<input type="checkbox"/>

<b>Principle 8 - Freedom of Choice</b>	Residents are entitled to freedom of choice to the extent that it does not unreasonably infringe the rights of others and the freedom to comment about the provision of health services.
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Act/ Reg	Question		Response <ul style="list-style-type: none"> <li>- Please either provide a full description below, or provide a brief statement and attach further relevant documents, such as policies, procedures, protocols or guidelines.</li> <li>- If documents are attached, please indicate this by ticking the first box on the right.</li> <li>- If documents are available but not attached, please indicate this by ticking the 2nd box.</li> </ul>	Documents	
				Attac hed	Availa ble
Act: 108G Reg: 37	24.0	How do you : <ul style="list-style-type: none"> <li>- manage residents' complaints</li> <li>- inform staff of complaints process</li> <li>- inform residents of the complaints process</li> <li>- record complaints</li> <li>- provide feedback to complainant?</li> </ul>		<input type="checkbox"/>	<input type="checkbox"/>
Act: 121, 122 Reg: 44	25.0	How do you: <ul style="list-style-type: none"> <li>- facilitate a resident's request to see a community visitor</li> <li>- record community visitors' visits? When do you prepare this record?</li> </ul>		<input type="checkbox"/>	<input type="checkbox"/>
Act 120	25.1	What steps do you take to ensure that any reasonable assistance is provided to community visitors to ensure that they are able to exercise their powers or functions effectively?		<input type="checkbox"/>	<input type="checkbox"/>